DOCUMENT RESUME

ED 236 147 SP 023 195

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TITLE School Health Education: A Manual for Making It Happen in Your District.
INSTITUTION Alaska State Dept. of Health and Social Services, Juneau. Div. of Public Health.
REPORT NO AK-DHSS-PH-82-33
PUB DATE [82]
NOTE 70p.
AVAILABLE FROM Alaska Department of Health and Social Services, Division of Public Health, Health Education Office, Pouch H-06H, Juneau, AK 99811.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Citizen Participation; *Community Involvement; *Community Planning; Community Role; Community Support; Curriculum Development; Elementary Secondary Education; *Health Education; *Health Needs; Health Programs; *Program Development; School Districts
IDENTIFIERS Alaska; *Task Force Approach

ABSTRACT

This manual, developed by the Alaska Department of Health and Social Services, is intended to help concerned community members make school health education a reality. It provides suggestions on how to get people organized to take the right steps. The manual's suggestions are based on three statements. First, health education means teaching people how to take responsibility for making health choices. Second, health education needs to start early in a person's life so that good health habits become a natural part of their lifestyle. And third, health education can be done most effectively and efficiently in schools, where students, teachers, and other educational resources are available. The manual contains five sections, with section 1 providing a brief introduction. Section 2 describes how to develop a task force and decide what should be in the school health education program. Section 3 talks about who should be included in the task force and ways of asking people to participate and arranging meetings. Section 4 deals with examining existing health programs, matching community needs with your program, and giving your presentation to the school board. Section 5 contains appendices about information on Alaska's major health problems; the Alaska Department of Education's Criteria for Excellence; and a list of who to contact for more information. (JMK)

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SCHOOL HEALTH EDUCATION

A MANUAL
FOR
MAKING IT
HAPPEN
IN YOUR DISTRICT

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SCHOOL HEALTH EDUCATION

A Manual For Making It Happen

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Published by

Alaska Department of Health and Social Services

Division of Public Health

Health Education Office

AK/DHSS/PH - 82 - 33

For additional copies, write:

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ACKNOWLEDGEMENTS

Many members of the Alaska Health Education Consortium along with other education and health professionals interested in school health education gave freely of their time, information and suggestions to help make this Manual useful to Alaskans who want comprehensive health education in their schools. To all of you, a very heartfelt thanks.

A special note of gratitude to Sherry McWhorter, Coordinator, Community Education, Northern Alaska Health Resource Association, Inc., who in her role as volunteer chairperson of the School Health Coalition Public Relations Committee gave freely of her time, and expended much effort to make this publication a reality.

TABLE OF CONTENTS

1. **You're Partway There Already..... 7**

   A brief introduction to school health education and this manual

2. **OK, So What Do We Do First?..... 10**

   Begin to:

   - Develop a Task Force
   - Decide what you want in your school health education program

3. **Getting Your Task Force Together..... 14**

   Some specifices on:

   - Who should be included on the Task Force
   - Ways of asking people to participate
   - Arranging Task Force meetings

4. **Now Really Getting Down to Work..... 30**

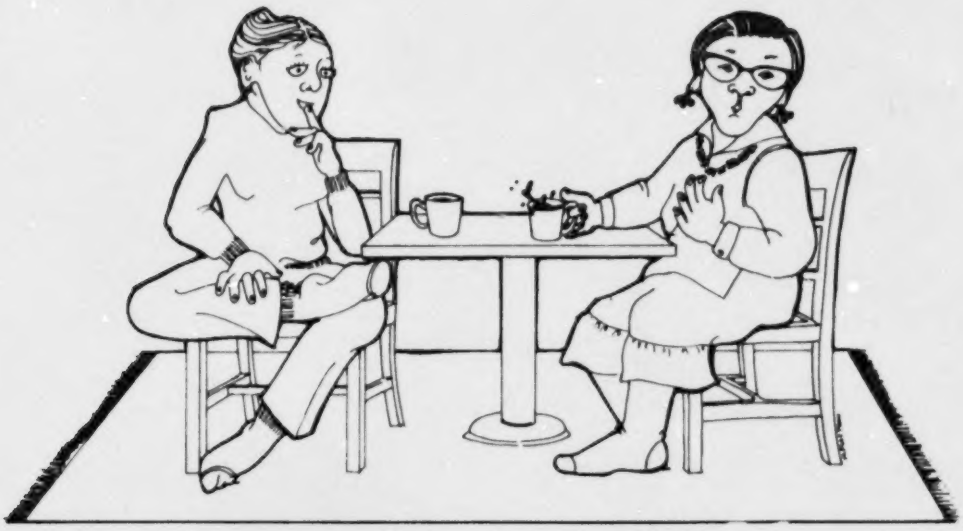
   - Getting background information on school health education
   - Finding out what kinds of school health education may already exist in your district
   - Taking a look at the community's health (education) needs, too
   - Deciding what is needed in your school health education program

-- A sample timetable for your Task Force activities
-- Specifics on your presentation to the school board
-- After approval -- curriculum development

5. **More Help** 48

Appendices:

A. Information on Alaska's major health problems
B. The Alaska Department of Education's Criteria for Excellence -- recommendations on what should be included in a school health education curriculum
C. Who to contact for more information:
   1. Health statistics
   2. Health Education Resources



1. You're partway there already...

That's right – Getting interested in school health education and finding out how you can go about starting it in your community are important first steps. Without your interest and that of other people in your school district, there's a good chance that school health education would not become an important part of your curriculum.

You've started to make things happen. Maybe you've been talking with one or two other people...Maybe with several others... Maybe together you've even formed a committee or other group to look into school health education... Or maybe it's just you for right now – you're interested and want to see health education made available to the young people in your community... In any case, no matter how you're organized at the moment, you are a key to making school health education a reality.

And this manual is intended to help you do that. It provides some suggestions on how to get people organized to take the right steps. It does not provide any magic solutions, since the ins and outs of each community are different. (When it comes to deciding if something will or won't fly in your community, you and those working with you will have to be the judges.) What this manual does provide, however, is the experience of people from around the state and the country (including health professionals, educators, parents, and others) who have been working on school health education. And while they may have different approaches to the subject, these people have some basic notions in common. Their efforts -- and the suggestions in this manual -- are based on the following:

1. **Health education means teaching people how to take responsibility for making healthy choices.**

2. **Health education needs to start early in a person's life so that good healthhabits become a natural part of their lifestyle.**

3. **Health education can be done most effectively and efficiently in our schools, where students, teachers, and other educational resources are accessible.**

So with that as a starting point, we can move on to the more specific 'How To' sections of the manual. Before we do, though, another word of encouragement: **Never before have we been able to assume control of our own good health.** In this country we no longer have the serious health problems related to infectious disease. No more epidemics of small pox, diphtheria, scarlet fever. What we do have, however, are health problems -- in epidemic proportions -- related to our lifestyles. What we eat, drink, smoke, how we handle stress and tension, how often we exercise, what kinds of safety habits we have...These are all factors **we** can control, and health education can teach us how to...

In Alaska in 1979 the rate of deaths due to accidents was 2.2 times the national average....

...the rate of deaths from alcoholism was 4 times...

...the suicide rate of young women was 10 times...*

***See the appendix for more detailed information on the major health problems in Alaska.**

2. OK, so what do we do first ?

You know that you want some kind of health education program in your school(s). Now it's a matter of deciding what to do and when to do it. As we said before, there are no real hard and fast rules; each community, each set of circumstances is different. However, the following list should be helpful as a guide for getting you off to a sound start.

1. **Let's Begin with People.** Take a quick mental look around the community. In addition to yourself and the people you have already talked with who share an interest in school health education, who else might want to get involved in this effort? Any parents, teachers, health workers, for example, who would be good for this project?

What we're getting at is the development of the core group of a **task force on school health education in your community.** A little later in the manual, we'll talk about the full task force in more detail, since it should include as wide a representation from the community as possible.

First, though, you'll want to make sure that you have a solid core group of committed people willing to put some time into the effort. This does not, by any means, have to be a large group. **Commitment, not size, is the key.** Your particular community and circumstances will have a lot to do with how many people are interested and willing to get involved at the beginning of the effort. (Remember, there's a lot of educating that needs to be done about school health education.) So maybe your core group will wind up being just a couple of people -- maybe three or four or a half dozen...There is no **right** number. Whatever seems to work out in your situation is fine.

2. **Deciding What You Want to Accomplish.** Although you know that you want to see health education in your school(s), you will need to think about that in more specific terms. You'll need to clarify your own thinking so that, for one thing, when people start asking what you mean by school health education, you can give them a good answer. So you'll probably want to get the core group together to start the process of **deciding what your school health education goals are.**

Keep in mind that you are just starting a process that is going to continue for some time. You're just getting started and, certainly, you're not expected to have all the answers. Nor should you, since there's valuable input out there (from school personnel, parents, students, and others) that you haven't gotten yet at this early stage. But it's good to get started, and there are a number of resources out there to help you. See the appendix for a listing of health education resources and contact people. **Don't hesitate to write or call for what you need.**

Here's some food-for-thought-and-discussion;

The Criteria for Excellence of the State Department of Education (see appendix) recommends a school health education program for all grade levels that includes, at a minimum:

Dental health
Environmental health
Family life and sexuality
Human growth and development
Health careers
Mental and emotional health
Community health
Nutrition
Personal health and physical fitness
Safety, first aid, and accident prevention
Use and abuse of substances
Consumer health

That list should give you a good place to begin in talking about what you want in your school(s). Much more about that coming up...

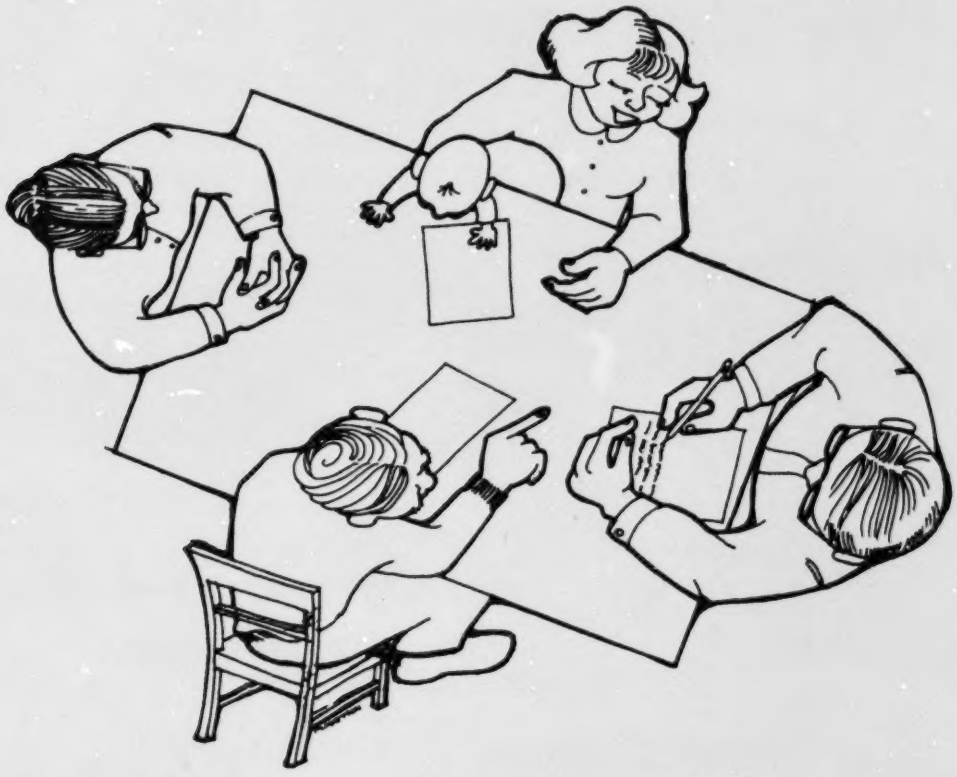
BUT FIRST A WORD ABOUT YOUR SCHOOL BOARD !

3. Understanding How the System Works.

Your local school board has the responsibility for seeing that the State's educational standards are met and that the community gets what it needs and wants in its schools. Therefore, your school board is the group with the responsibility and authority for implementing school health education programs. **In short, you have to go through the school board to get what you want. And that means convincing the board that school health education is, in fact, what the community needs and wants.** If you're successful, the school board will then direct its school administrator(s) to see that a school health education program is implemented.

So, to summarize – Your first steps should be along these lines:

- ✓ Begin to develop your task force.
- ✓ Begin to decide what you want in your school health education program.
- ✓ Begin to think in terms of convincing your local school board of the importance of school health education in your community.



3. Getting your task force together...

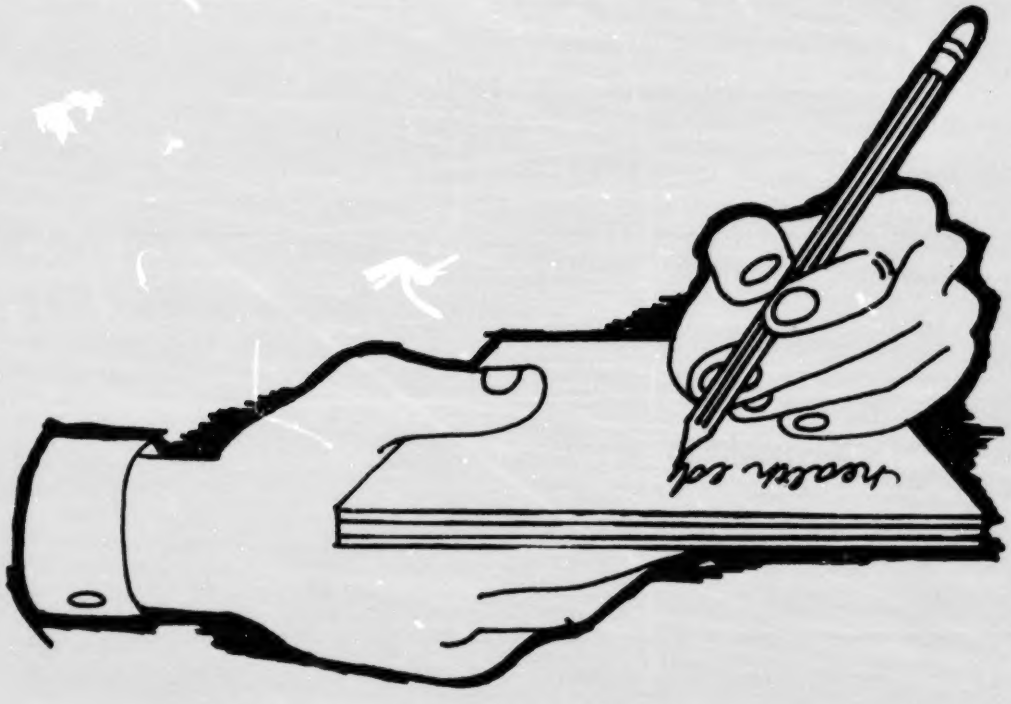
Once the core group has a handle on what its purposes are -- what it wants to accomplish – you should begin to develop a list of other groups and individuals who should be involved. What you'll be looking for is a true cross-section of the community in order to get broad-based support for your efforts. If you can get representatives from as many interests as possible, it's going to help in educating the whole community about school health education. And it's also going to help you when it comes to convincing the school board.

Here's a sample listing of some of the groups and individuals you might approach to be on the task force, along with their possible contributions:

GROUP/INDIVIDUAL	WHO COULD REPRESENT THEM
School Board	President or other representative
School personnel	Principals or their representatives Nurses (School) Health education teachers
Major employers in the community	Representative(s) assigned by the director/manager
Local Health Agencies & Regional Health Directors (See appendix for listing)	Director or representative

	HOW THEY MIGHT HELP
	Work to convince the whole school board and other school personnel that health education belongs in their curriculum.
	Help to prepare and present information and resolutions to the school board.
	Work to convince school personnel and school board that health education belongs in their schools.
	Help in determining the present level of health education in the school(s).
	Educate employees about school health education and encourage their support.
	Provide clerical and other in-office help -- typing and mailing minutes, letters, etc.
	Loan audi-visual equipment.
	Help in determining school/community health needs.
	Coordinate support between your task force and health agencies.
	Help in educating the community.
	Help in determining school/community health needs.

GROUP/INDIVIDUAL	WHO COULD REPRESENT THEM
Elected officials	Officials or their representatives
Media personnel	Representative(s) from local newspaper, TV and radio stations



HOW THEY MIGHT HELP

Publicly endorse school health education.

Help in educating the community.

Help in determining the school/community health needs.

Help in figuring out how best to educate the public -- then help with actually doing so.

Arrange, for example, for task force members to be on TV and radio talk shows, interviewed for newspaper articles, etc.

The above is, as we said, only a sample listing. But it does give you an idea of the kinds of help you'll probably want to be looking for. In addition to the groups included in the chart, you may want to consider a number of others for the task force, like:

Parent-teacher organizations
Village Council members
Health Board members
Students
Civic and service clubs
Church groups
Youth organizations

Doctors – Dentists
Community Health Aides
Community Health Representatives
Nurses
Parents

There are no hard and fast rules about the number of members you should have on your task force. You don't want so many that you can't really get any work done. On the other hand, too few may mean that important parts of the community are not involved. **It's probably a lot wiser to think in terms of community interests than numbers. Whose help and support are you going to need to (1) convince the school board and community of the importance of school health education, and (2) then get the best possible program implemented in your school(s)?**

Now Getting Them to Say 'Yes'...

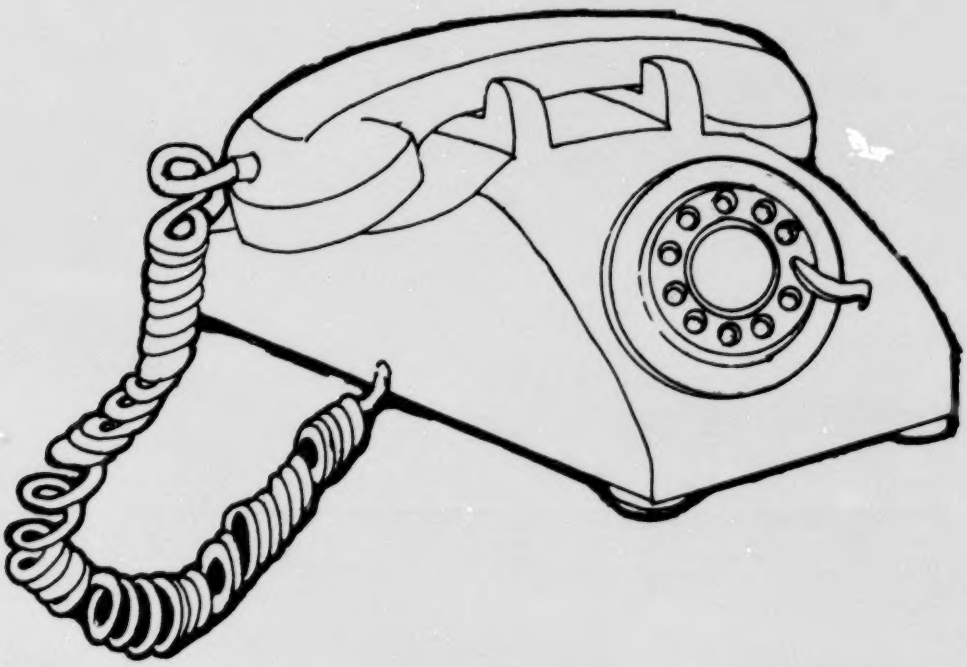
There are several ways of contacting potential task force members, and we'll look at a couple of them in some detail. No matter what method you choose to use, however, you're going to have to be persuasive and well-prepared, since you'll be competing with other worthy causes (and leisure-time activities) for people's time.

A. Phone Calls and Personal Visits

Probably the best way to compete successfully for people's time is with personal phone calls and visits. Potential task force members get to know you as a person rather than a letter. And they'll

be more impressed with your commitment to school health education **and** to getting them to ioin the task force.

If you decide to use the phone call and visit method, divide up the list of people to be contacted among the task force core group. Set the time and place of the first full task force meeting (preferably for 4 - 6 weeks from the time you start contacting people). Have a meeting agenda (with date, time, and place) ready and copied to take with you on visits and to send in follow -up letters.



Call each potential member and explain:

1. Who you are.
2. That you are involved in forming a school health education task force -- briefly, what school health education is and why it's important.
3. Why you are calling that particular person -- For ex-

ample: "Because you are a leader of the Boy Scouts, we think your experience working with young people would be very helpful. You could assist us in educating the public and finding out what the most important health needs of our young people are..."

4. Tell them when and where the first meeting will be. If they can't attend on that date, ask if they could send someone in their place.
5. Tell them you would very much like to meet with them in person (briefly) before the first meeting to introduce yourself and give them some additional information on the task force. You should probably let them know that you'll only need 15 - 20 minutes of their time. You don't want to scare members off by giving the impression that too much time is going to be involved.

   If they agree to the meeting, arrange it as soon as you can. When you meet, you might want to get them thinking about the school health education project, what it's going to involve, and what they might want to do on the task force. After the meeting, send them a follow-up letter thanking them for their time, participation, and interest.
6. If a prospective member says that he/she is willing to be on the task force but can't meet in advance, send a follow-up letter thanking them, as well as an agenda for the first task force meeting.
7. If a prospective member says he/she isn't interested in joining the task force, also send a follow-up letter thanking them for considering your request. Also let

them know that if they change their mind, they are welcome to come to the meeting.

While this kind of personal attention works very well, in many parts of Alaska it just isn't feasible because of geographic distances. In many parts of the state, school districts include several schools separated by hundreds of miles. In these kinds of districts, you'll have to have task forces consisting of people in one village only, or you'll have to have funds for air travel. If you do choose to have a district-wide task force, It might be good to have a member from each village. Since you probably wouldn't be able to visit with all of those members personally before your task force meeting, you'll have to rely on mail and phone contact. Let's take a look at that method.

B. Letter with Telephone Follow-up

As we've said, if the geography of your area makes personal visits impossible, or if you just don't have the people available to do those visits right now, here's another way to get your message out.

1. Prepare a letter to be sent to prospective members. In the letter tell them:

   -- Who you are.
   -- That you are involved in forming a school health education task force and, briefly, what school health education is and why it's important.
   – How you think that person might help the task force (See page 16, point 3).

- That in the near future they will be receiving a follow-up phone call from (and here, try to give them the name of the person who will be calling them – also a phone number in case they have questions.)
- The date, place and time of the meeting. Plan the meeting for 4 - 5 weeks down the road.

Note that all of your letters can be identical except for the parts that (1) explain how the person can be helpful to the task force effort, and (2) who will be following up with a phone call (hopefully you'll have more than one person available to do the follow-up calls!)

It would be best if each letter were an original. Form letters, as we all know from getting lots of them, just aren't very personal. Maybe someone in your community has a memory or "mag card" typewriter or word processor that could be used to help with the letters. If you must send form letters, make sure the follow-up call is as personalized as possible.

2. Do your follow-up calling one to two weeks before the meeting. Explain who you are, make sure they got your letter and know what you're talking about. Ask if they have any questions, and try to get them thinking about the ways in which they might like to help with the effort.

3. If they say they're coming, tell them you are looking forward to meeting them. If they want to be on the

task force but can't make the meeting, ask them to send someone in their place. If they say they won't come, tell them they are welcome if they change their mind.

C. Just a Call or Just a Letter

While neither one of these is your best bet, the phone call alone is the better of the two. Sometimes you're in a time crunch to get the meeting together and you just can't wait for letters to reach people. At least try to get a short note out to people along with an agenda after you've called them with meeting arrangements.

Frankly, the letter alone can be very ineffective. Letters have a way of getting lost, put aside, delivered to the wrong person in an office. And with the letter alone, people don't have a chance to ask you questions. And you may lose the opportunity for some valuable task force members because of that.

Something to keep in mind no matter what method you use to reach people: Remember that you are talking **with** people, not at them. Sometimes, with a lot to do, it's easy to forget in the interest of getting the arrangements made. And don't underestimate the need to be **persuasive** in trying to get members for the task force. You will need to build a strong case for school health education and put the benefits of the program into terms that are going to really mean something to the person you're talking to. In short, your follow-up phone calls and contacts should be somewhat tailor-made for the particular individual. Tell him or her in what individual ways they can make a real contribution to the effort. Don't forget words of encouragement.

Arranging Your Task Force Meeting

We've probably all been involved in at least one group where people stopped coming to the meetings regularly because the sessions were handled poorly, dragged on, were badly arranged. We can try and avoid those pitfalls by giving some thought to the basics.

Once you know how many people you're inviting to the meeting (task force members, special guests, media, and others), you can locate a meeting room that can handle your group comfortably. Banks, schools, libraries, churches, hospitals, some businesses, and certain hotels/motels will donate meeting space. If you're going to need a blackboard (you usually will), extra chairs, tables, extension cords, audio-visual equipment, etc., make sure those arrangements have been made and are clear. Someone should arrive early and make sure that things are in order, that paper, pencils, and any other materials are ready.

Here's a checklist of some hints that may be helpful in planning your meetings:

1. If in doubt, it's usually better to pick a room that's a bit smaller than you'll need, rather than larger. When the room is too big, people seem to spread out and interact less.
2. If possible, it's good to have all your meetings in one location. It prevents confusion.
3. If people may have any difficulty finding the meeting place, be sure to give them a map. Just staple it to their agenda.

4. Arrange your tables and chairs so that people can have good eye contact with as many others as possible. Small groups can just sit around tables. Larger groups can be arranged as is shown in this drawing:

5. Have a greeting table set up as people come in. Have them sign in if you want a record of who came. Name tags can be handed out if you want to use them.
6. If you want a non-smoking section, indicate that with signs in the room.
7. Bring extra agendas, paper, pencils, scissors, tape, etc.

You're Going to Need Some Leaders

At one of your first meetings, the task force should choose some good leaders to handle the duties of running the meetings and taking care of necessary details. At least a chairperson and a secretary are necessary, with a vice-chairperson probably also being a very good idea. That way, if the chairperson is sick or out of town, someone is available to run a meeting.

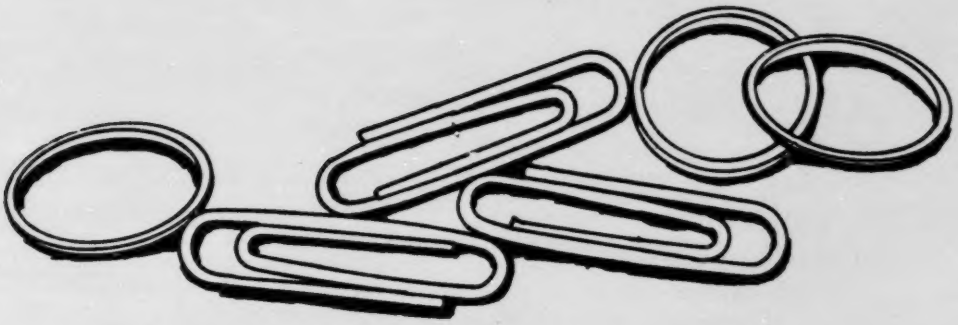
It is certainly worth giving some thought to the skills that you'll want in your leaders. A chairperson should be someone who has perhaps had some experience running meetings or someone with a good natural knack for moderating discussion and handling people. Certainly for all of your leaders, you'll need committed people who have the time to devote to the task force.

It's also worth the time to jot down some basic descriptions of the leaders' tasks. Who is responsible, for example, for scheduling meetings, notifying people well in advance, who takes minutes, types and mails them? In many cases, if it isn't clearly written down, an important job or two can be left undone.

A Word on the Media and Your Meetings

First of all, you'll want to think over carefully whether or not you want media coverage for your first (and later) meetings. If there are occasions when you feel it would be a good idea, you can certainly invite representatives of your newspaper, TV and radio stations to attend. If there is something which you particularly want them to report on, a press release outlining the 'news' should be written and given to the media in advance. Here's where a task force member with media skills can be very helpful. Otherwise, maybe a volunteer from the community could help you. There is little media coverage outside of the major cities and towns in Alaska. However, a number of communities have their own radio stations. There are also health clinic newsletters, as well as other kinds of local bulletins and newspapers. Find out about all the possibilities that are open to you.

One Caution: If you are in an area where media coverage is a real possibility, try not to abuse your opportunities by making all of your activities into news. Decide which items are truly worthy of media coverage and plan your strategy around those.



4. Now really getting down to work!

Once you've got your task force members lined up and your first full task force meeting scheduled, the work of deciding what you want to accomplish and how you'll accomplish it will become a real priority.

Exactly **what** your task force chooses to do will depend on a number of things, such as the school health education situation in your community (are you starting from ground-zero or building on an existing program, for example). It'll also depend on the resources (human and financial) available to your task force. And on the time you feel you have to get a program implemented in your school. In short, what you do is going to be up to you.

There are, however, some suggestions of task force activities that might be useful as a guide. What follows here, then, is:

1. **A brief discussion of some of the more important activities a task force could undertake,** followed by
2. **A listing which gives you some time-line suggestions for doing some of those activities -- a meeting-by-meeting breakdown which should be helpful.**

A. Educating Yourselves -- Background Information

Since a number of your task force members may not really be too familiar with school health education, it might be an excellent idea to do some educating as part of the first couple (or more) meetings. That would also make sure that most of the members are 'coming from the same place' as far as what school health education is. That kind of a basic understanding can be very helpful during the course of your work.

You might want to address such things as:

What school health education is;

Why it's important;

The current place of health education in Alaskan schools.

In preparing that kind of background information, the **health systems agency in your region** can be very helpful. Write or call them for information. Also note that the Northern Alaska Health Resources Association (address listed in the appendix) has developed a **slide show on school health education** and who should be involved. The slide show is available on a free loan basis. In addition, health educators in your area would probably be very happy to help. Check the appendix of this manual for other resources

B. What Kind of School Health Education is Already Going on in Your Schools? Finding Out What's There and What Isn't

In order to figure out what you as a task force are going to need to push for, you need to have a pretty good idea of what school health education is already going on, how extensive it is, how good it is, etc. Therefore, you might want to consider doing what is called a **needs assessment.** And while needs assessments can be done several ways, with some of them involving questionnaires and other materials, **you can do a fine assessment by just talking with the right people.**

It is important that you keep in mind the fact that when it comes to finding out about health education in your schools, **it's your right to know.** You are not snooping where you don't belong...

However, in order to get the information you're looking for, you'll need the cooperation of school personnel and others in the community. And you'll probably only get that cooperation by having a positive, friendly attitude yourself.

Here are some tips that may be useful for your needs assessment:

1. **It's your right to know, but you'll need a friendly attitude.** Hostility, an 'out-to-get-you' or judgmental attitude won't do.
2. **If at all possible, start out asking questions of someone who has a friendly attitude toward the task force and what it's doing.** Maybe there's a teacher you could talk to first who might pave the way for you with the principal and other school personnel.
3. **Don't forget to talk to students.** Get their opinions on school health education, what they think of classes, what they're learning, what they'd like to learn.
4. **When you talk to school personnel (and others), make sure they understand what you mean by school health education in all its facets.** If they don't understand what you're including under health education, they may say 'No' when the answer is really 'Yes.'
5. **Don't forget to give support for what is already being done** -- Express your concern and make it clear why you are so involved with school health education.

In those cases where personal visits with school personnel are not feasible (in cases where the schools in your district are many miles apart), you may want to use a questionnaire to find out

about school health education programs in the schools. If at all possible, you will want to follow-up with a phone call after the questionnaires have been sent to the principals and/or teachers and other school personnel. You can then make sure they received the questionnaire and that they understand why the task force is asking for the information.

Although you'll want to word the questions your own way, and you'll probably have a lot of others of your own, too, here are some question areas you might consider as part of your needs assessment:

? -- Does the school have a separate school health education program or is health education a part of other program areas?

-- In either case, what areas are covered as part of the school health education? What about those 12 areas that were mentioned on page 7: dental health, environmental health, mental and emotional health, etc? Are those areas included?

-- Are the school health education offerings substantial or only minor?

-- Who teaches the school health education?

– Are any outside resources -- people or materials – used in the school health education program?

– What do the students think of the program?

When you've completed the needs assessment -- whether you've done it by talking with people, by questionnaire, or a combination of both, you'll want to write up your findings so they can

become part of the task force's 'working information'. Those findings should be very valuable in helping the task force decide what needs to be added to the existing school health education program. Basically what you will have done is an evaluation of what's there now – and you can move on from there.

C. Getting a Broader Picture: Looking at the Community's Health Needs

If the task force wants to do so, it can get a bigger perspective on the school health education situation by assessing the **community's** health needs. That is, **by taking a look into what the community's health problems might be, the task force can make an effort to address those problems in the school health program. For example, if the community has an especially high accident rate, the task force can work to see that safety, accident prevention, and first aid are a big part of the school health education program.** Likewise, if alcoholism is a community problem, that can be addressed through the school health education program.

How do you go about assessing your community's health? What are the positive and negative issues which impact on the community?

There are several good ways:

1. **Contact your local health agencies and organizations for information** on diseases, child health, alcohol and drug abuse, etc. These organizations are working in your community on a regular basis. They should be very helpful.

2. **Certainly the three health systems agencies in the state, as well as the Division of State Health Planning and Development** (see resources section in the appendix) will be of help. These agencies publish reports on such things as disease rates, death statistics, and many other topics which could help you get a handle on your community's health.

3. **Your own common sense and experience** can go a long way. If there's a serious health problem in your community, more than likely it's going to show...You and other task force members probably already have a pretty good sense of the community's health.

Again, it probably will be a good idea to write up your findings on the community's health. Together with the assessment of the school health education program, you should have some very useful information.

We've looked briefly at some of the activities your task force might want to undertake. What follows now is a guide for what you might do and when -- a possible timetable. Remember, though, it's just a guide.

1 Meeting 1

- Have all task force members introduce themselves.
- Explain what school health education is and why it's important – a brief orientation.
- Begin to identify the tasks you want to undertake – Look at options and begin to define goals.
- Set another meeting for 3 to 5 weeks later.
- Assign someone responsibility for writing to find out what health education is being taught in other schools in Alaska.

2 Meeting 2

- Select a committee to assess the current extent of school health education.
- Discuss how the committee might best get that job done.
- Set another meeting for 3 to 5 weeks later to review the results of that assessment.

3 Meeting 3

- Review the results of the school health program assessment.
- Select a committee to assess the community's health needs.
- Discuss how the committee might best do that job.
- Set a meeting date 3 to 5 weeks later to review the results of the community health assessment.

4 Meeting 4

- Review the results of the community health assessment.
- Discuss ways of getting broad-based community support for the school health education project. (Examples would include public presentations to different community groups; getting official endorsements from elected government representatives and others; advertising campaign in the newspaper, on TV and radio...) Make some decisions on those methods of getting support you want to go with and select task force members to work on them.
- Set a meeting date for 4 - 6 weeks later to review the results.

5 Meeting 5

- Review the results of your community support campaign.
- Select a committee to work up a task force statement on school health education – a statement that will be, at least in part, your **official position** on what you feel school health needs are in your district and how they can be met.
- Set a meeting for 2 - 3 weeks later to review that statement.
- Continue with your community support campaign.

6 Meeting 6

- Review and approve the task force statement on school health education.
- Plan a presentation of that statement to the school board. Select who from your group will speak and who from the school and community might also make statements on behalf of school health education.

7 Meeting 7

- If the school board approved your school health education program, the task force will need to determine what its role is going to be in the development of the program. You'll want to discuss options.
- If the school board did not approve the program, the task force will have to determine a new course of action. You'll want to discuss options.

It is important to note that your task force may not have enough members to break into different committees. There's certainly nothing wrong with the entire task force working on each of the activities mentioned in the chart. Or, if you do have enough members, different committees can be working on different activities at the same time – therefore cutting down the total time involved to get ready for the school board presentation.

"ADDITIONAL HINTS"

Not Everybody's Going to Like It...

Before we move on to talk about the task force's presentation to the school board, it's probably a good time to mention opposition. Obviously, not everybody's going to like your ideas for school health education. Or like school health education, period. For some people, school health education only means sex education (they don't think of what else is included), and they're opposed to that. Along the same lines, some people think that school health education – however it's defined – should be left to the home, not the school. And some others just want it left – maybe because they see it as a frill, a luxury, and not worth the money.

In order to make your case, you will have to be very **persuasive and persistent** – and very clear in the information you present. You will also need support from as many segments of the community as possible. Hopefully, your support group can include somebody with credibility from a lot of different interest groups (including, of course, those groups which might tend to be opposed...) It is essential when you're dealing with someone who is opposed that you do not get emotional and into arguments. It will make you and your cause look bad. **Stay calm and on track...**(i.e. count to ten, take deep breaths)

Your Presentation to the School Board

When you feel the task force has done its homework and is ready

to present its findings and recommendations about school health education, you'll want to make your formal approach to the school board.

You'll want to plan your presentation so that it's:

- Brief and to the point;
- Simple to understand so no one can argue about what you meant;
- Given by the best speaker(s) on the task force (speakers must also, of course, have credibility with the school board)

When you feel comfortable with the presentation you've prepared, you'll want to:

- Call the school board and ask to be put on the agenda – You will probably want at least a half hour for your presentation and discussion;
- Check with the board on what their regulations are, if any, about sending materials to board members in advance (and on any other regulations that the board may have that you should know about)- You may want to send a copy of your statement, as well as background material, even if it's not required by the board;
- Let all of your supporters know when and where your presentation is going to be given -- Have teachers, students, parents, and everyone in the community that supports school health education in attendance.

41

- Arrange for task force members who know (or at least have a lot of credibility with) certain school board members to talk with them ahead of the presentation – to lobby for school health education and clear up any misunderstandings or questions.

When it's time for you to make the presentation before the school board:

- Have one of your speakers introduce the task force, explain what it is, what it's done and why -- If a school board member is on your task force, this might be a good time for him/her to say a few words about the task force...
- Your speaker should briefly give the results of your assessment of the current school health education program and/or the community's health situation;
- He or she should then explain what the task force feels should be included in the district's school health education program -- and some recommendations on when the program should be implemented;
- Point out support that exists in the community for such a program -- Summarize endorsements you may have from officials and groups -- It may be appropriate here to have brief statements of support given by a parent and/or a student (arranged and prepared in advance, of course);

- Have your speaker address the **implementation** of the program. Discuss what you've found out about implementing your program from school personnel -- what could be done easily and what might be more difficult. Make suggestions on how the difficult areas might be taken care of;
- Request that the school board direct its school administrators to implement a school health education program in grades K - 12 which covers the health topics you've included in your statement (probably at least the 12 topics discussed earlier in this manual);
- Request that all necessary curriculum development and teacher in-service training be included in the directive to school administrators;
- Request that the school board recognize your task force as an ongoing resource for the school health education program -- Indicate that you're willing to work with the curriculum specialist in developing a program which meets the needs of the community.

Hopefully, the board will approve your requests (congratulations for a job well done...). If, however, they turn down your request, get all of their reasons for doing so. Then do whatever you can to counter those reasons and to increase your community support. Then, when you're ready, get on the school board agenda again. Present yourselves positively, not defensively. **Keep trying. You'll make it.**

After It's Approved, What's Next?

Once your school board has approved a school health education program, the curriculum development phase begins. Basically, this is the process of figuring out what school health education material will be taught to whom and how. It's taking your program and putting it into practice -- into the classroom.

Your school district should have someone on staff who is responsible for developing the curriculum. Since it's very likely, however, that that person is **not** a school health education specialist, it will be important that they have access to some technical help while they are writing it.

If your school district does **not** have a school health education specialist to develop the curriculum, contact the **State Department of Education Talent Bank** for a referral of such a specialist who can help. It is very important that this specialist be involved in the curriculum development from the very beginning stages, so contact the Talent Bank early on for assistance. (See the appendix for details.)

You might want to ask the district if it is going to form a school health education committee to help with the curriculum writing. If so, your task force can help in two ways:

1. It can appoint at least one member to serve on that committee, and
2. It can make available the information collected during your assessments.

Although your school district has to be allowed to establish the curriculum committee in the best way suited to its internal operations, it is important that the committee include both supporters and non-supporters – administrators, teachers, students, parents, health providers, representatives of religious organizations, and members of the school board. **This group will be evaluating the curriculum as it's being written and will have a vote on the curriculum before it is taken to the school board for final approval. It is very important, therefore, that your task force be aware of what and how the committee is doing.**

A word of warning: Curriculum development is a long process. It will most likely take a year before the final approval on the curriculum is obtained from the school board. There is a lot of material gathering, writing, testing, and evaluating that has to go on first. And, it may take as much as another year before your teachers are trained to implement the program to its fullest extent. And there is no way to hurry the process, but it'll be worth the wait.

Evaluation: Making Sure It's Being Done Right

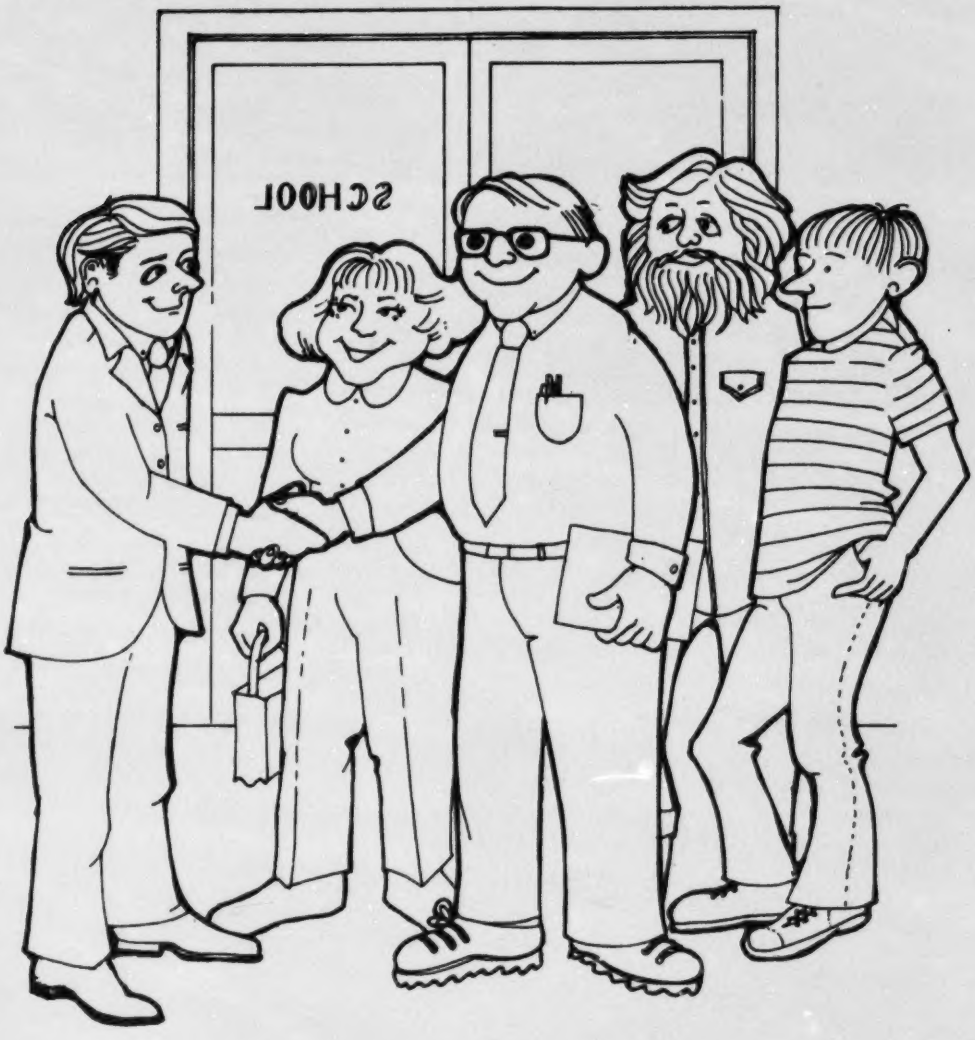
Once the curriculum has been implemented, it should be evaluated on an ongoing basis – to make sure the program is working, that materials are up-to-date, that the students and teachers are feeling positive about the curriculum. The evaluation process should include school administrators, teachers, students, parents, and other community representatives. **After the first evaluation, a presentation should be made to the school board to let them know how the curriculum is doing.** Suggestions for improvements

can be made at that time. Also keep in mind that evaluation is important because future budgets for the program will be based on them, at least in part...

CONCLUSION

Your task force has performed a very important job. As a group of citizens you've become involved in the operation of your schools. And by staying involved with the curriculum process, you probably have developed a certain pride of ownership about the school health education program. And you should -- it exists because of the efforts of people like yourself. It will, however, be necessary to do a bit of letting go and entrust the operation of the program to the school district. You will, of course, want to keep a watchful eye open and continue to offer support and suggestions for improvements. You've done a lot to assure the good health of your community's children and future adults.

Thank you.



5. More Help...

The following appendices are intended to give you some more help as you work to start school health education programs. Obviously this manual can't answer all your questions -- Feel free to call, write, and use any of these resources.

A. Information on Alaska's Major Health Problems

B. The Alaska Department of Education prepared this **Criteria for Excellence.** It offers a recommendation of what should be included, at a minimum, in a school health education program.

C. Who to Contact for More Information

This section is intended to give you resources in two general areas: (1) health statistics and (2) health education resources.

The first -- health statistics resources -- should be helpful when you are looking into the overall health of your community. What are the health problems in your area, and consequently, what should your school health education program be sure to address? Feel free to contact any of these resources.

A. INDICATORS OF NEED

FOR

COMPREHENSIVE SCHOOL HEALTH EDUCATION

Many of the leading health problems in Alaska are greatly affected by an individual's lifestyle and personal health habits. The extremely high incidence of some of these problems compared to their occurrence in the rest of the country indicates a need for education in decisionmaking and increased responsibility for personal and community health.

ACCIDENTS

The percentage distribution of all deaths attributed to accidents has remained high for years. Motor vehicle accidents were the most frequent cause of accidental deaths in 1979, followed by aircraft accidents, drowning, and fire. The rate of deaths due to accidents in Alaska (97.32/100,000) was 2.2 times that of the United States as a whole (43.6/100,000).[1,2,3,4] Alcohol was determined to be a contributing factor in 70% of all fatal motor vehicle accidents.[5]

SUICIDE

Suicide has represented the fifth leading cause of death in Alaska for several years. The seriousness of the problem is evident when Alaska rates are compared to the U.S. rates for specific age

groups. Alaskan males aged 15-34 had rates about twice those of their U.S. peer group. Females aged 15-34 had rates about ten times higher than their U.S. counterparts. The frequency and percentage of deaths attributed to suicide have increased steadily since 1970, especially among teenagers and young adults. [6,7]

ALCOHOLISM

Alcoholism was the eighth leading cause of death for non-natives and the fourth leading cause for natives in 1978.[8] The Alaskan death rate from alcoholism was 400% higher than that of the Lower 48. Over the last twenty years, Alaska has experienced a rapid and great rise in mortality due to alcohol abuse. Disturbingly, the incidence of death due to alcoholism is probably underreported. It is significant that other leading causes of death are closely associated with alcoholism. Alcohol abuse figured as a secondary cause of death in accidents, malignant neoplasms, suicide, homocide, and cirrhosis of the liver. In Alaska in 1978, 43% of all accidental deaths and 60% of all homocides were alcohol-related.[9]

SERVICE UTILIZATION

When leading causes of hospitalization nationwide are compared to those in Alaska, certain trends may be observed. In the U.S., the two leading causes of hospitalization are diseases of the circulatory system and diseases of the digestive system. In Alaska, the leading cause of hospitalization is **trauma.**[10] **Infectious diseases,**

another leading cause of hospitalization in Alaska, is an infrequent cause in the U.S. as a whole.

The most common causes of outpatient visits in Alaska are **trauma, upper respiratory infections,** and chronic and acute **otitis media.**[11]

DENTAL DISEASE

Dental disease, particularly among the Alaska Native population, is an area of increasing concern. Dietary changes due to a decrease in subsistence economy, food gathering, hunting, and fishing have replaced natural foods with a diet composed of large quantities of refined carbohydrates, such as candy, sugar, and soft drinks. The change in diet has resulted in increased dental health problems including dental caries and an increased need for dental services in bush Alaska.[12]

BEHAVIOR HEALTH PROBLEMS

Behavior health problems, particularly those associated with alcohol and drug abuse are of major importance when compared with statewide averages for certain social problems. Alaska appears extremely high in **child abuse and neglect cases.** Further, by using 1980 census data for both the U.S. and Alaska it was found that the rates of reported cases of confirmed or suspected abuse/neglect for children under age 16 in Alaska was three times greater than the national rates. And while a direct comparison of these rates should not be made given the variation in reporting systems and the effectiveness of various state programs in funding and

documenting cases, it is probably safe to assume that the incidence of child abuse/neglect in Alaska is substantially greater than that found nationally.[13]

NEED FOR HEALTH EDUCATION

Almost without exception, the leading causes of morbidity and mortality in Alaska are related to personal behavior. As such, they are amenable to impact by education which will lead to the use of effective decision-making skills. To have the greatest impact, education for decision-making and responsible personal behavior should begin in kindergarten and be continued throughout a child's school years.

1 Office of Information Systems, DHSS, HSA Mortality Reports; 1977, 1978, and 1979

2 U.S. DHHS, Vital Statistics Report, Annual Summary for the U.S., 1979

3 Alaska Dept. of Labor Alaska Population Overview; 1979

4 Alaska Dept. of Labor Memorandum Population release dated July 2, 1980

5 Highway Safety Planning Agency, Dept. of Public Safety, Highway Safety Plan, 1981

6 State Health Planning and Development Agency, DHSS, State Health Plan, 1982 Volume 1, pages 4-28

7 ibid: page 4-100

8 DHSS, Office of Information Systems computer printout; U.S., DHEW, NCHS Monthly Vital Statistics Provisional Statistics, 1979

9 NAHRA Annual Report 1981, page 74

10 Alaska Area Native Health Service, Health Statistics Sect. May 1981/SC

11 ibid

12 State Health Plan for Alaska, Edition 4, page 4-81

13 ibid page 4-39

B. CRITERIA OF EXCELLENCE FOR HEALTH EDUCATION

DISTRICT PHILOSOPHY/POLICY:

1. The district has established a philosophy statement for health education.

2. The district has adopted a written policy statement with identifiable goals for a comprehensive health education program.

LEADERSHIP/ADMINISTRATION:

Administrative Support

3. An annual budget is allocated for health education that is consistent with other subject areas and is sufficient to meet the needs.

4. A long range implementation plan has been established for health education.

Specialists

5. A qualified individual has been given the responsibility and time to develop and coordinate the implementation and maintenance of the district health education program including:

- inservice training
- liaison work between school and community health activities
- program dissemination
- program evaluation
- program monitoring

STAFFING/PROFESSIONAL DEVELOPMENT:

Professional Preparation

6. The person with district health education responsibilties has completed a Masters Degree in School Health Education or 18 semester hours in School Health Education.

7. All health education teachers are graduates of an approved teacher education program and possess a type A Alaska certificate.

8. Staff at the elementary level have completed a minimum of six semester hours in health education including courses in:
   - health education curriculum and methodology
   - basic health content

9. Secondary health education teachers have completed a minimum of a minor in health education.

Staffing

10. Responsibilities are defined for all persons involved in

the health education program. Examples are:

- administrators
- health education coordinator
- nurse
- teacher aide
- teachers

Professional Development

11. There is an ongoing comprehensive professional development program in health education that includes:
    - administrators
    - community members
    - nurses
    - other staff members
    - parents
    - teachers

12. Teacher inservice(s) is provided in health education to:
    - inform teachers of the format and content of the health education curriculum
    - instruct teachers in the use of health education materials
    - promote interest in health and in teaching health education
    - orient new teachers to the program

Local Professional Growth

13. Teachers of health education demonstrate professional development.

PROGRAM

Philosophy

14. The health education program is designed to foster individual responsibility, decision making skills, coping skills, and self esteem.

15. The health education program is integrated with the other components of the school health program:
    - school health services
    - healthy school environment
    - school/community relations

Development

16. There is a systematic process by which health education curriculum is developed.

17. The health education curriculum has been developed and/or reviewed by representatives from the following groups:
    - administrators
    - community
    - curriculum specialist
    - health educators
    - health professionals

- parents
- school board
- students
- teachers

Curriculum

18. The health education program is based on a written scope and sequence for K-12 and includes the following content areas:
    - community health
    - consumer health
    - dental health
    - environmental health
    - family life and human sexuality
    - growth and development
    - health careers
    - mental/emotional health
    - nutrition
    - personal health and physical fitness
    - prevention and control of disease
    - safety, first aid and accident prevention
    - substance use and abuse

19. There are specific behavioral objectives identified in the health education program relating to knowledge, attitude and practices.

20. The health education program is student centered:

- the content addresses student health needs and interests
- teaching methods focus on student participation

21. Specialized electives are offered in a variety of health education topics.

Scheduling

22. Adequate space and facilities are provided for the program.

23. Size of the health classes is consistent with the size of classes in other subject areas.

24. All students receive regularly scheduled health instruction.

Recommended Time:

- grades 9-12 receive one semester or 65 clock hours in health education
- grades 7-8 receive one semester or 65 clock hours of health instruction at each grade level
- grades K-6 receive five teaching sessions each week for one semester each year or 7% of the total teaching hours
- instructional time is sufficient to meet the district goals and objectives

25. The health education program is integrated with other program areas:

- content areas (e.g., language arts, math, social studies)
- supplemental areas (e.g., bilingual, gifted, special education)

Methods

26. A variety of methods is used in the teaching of health:
    - action oriented activities
    - demonstration
    - field trips
    - guest speakers
    - lecture/discussion
    - problem solving
    - reading/discussion
    - research
    - student projects

RESOURCE/MATERIALS:

27. A variety of current and scientifically accurate health education resources is accessible to students and teachers.
    - teachers are informed of the availability of resources
    - current health education publications are available
    - resources correlate with the districtwide scope and sequence

28. There is a continual review and assessment of materials and resources.

COMMUNITY INVOLVEMENT:

29. A process for community input for the health education program is established.
    - -- a district curriculum committee meets regularly to discuss issues affecting the direction of the program
    - -- communication channels between school personnel, parents, students, and community health professionals and agencies are established

30. Community resources are identified and utilized in the health education program.

31. The health education program is coordinated with programs and services of community health professionals and agencies.

32. Avenues are established for promoting parental/community support.

EVALUATION

33. A formal procedure for evaluation of the health education program is established.

34. An ongoing evaluation system using formal procedures provides a valid basis for making decisions about programs, goals, and objectives.

35. Students, school personnel and community members are involved in the evaluation process on a regular basis.

NOTES

C. STATISTICS AND HEALTH STATUS INFORMATION

Alaska Area Native Health Service
PO Box 7-741
Anchorage, AK 99510
(907) 265-3319

Alaska Department of Education
Pouch F
Juneau, AK 99811
(907) 465-2800

Alaska Department of Public Safety
Highway Safety Planning Agency
Pouch N
Juneau, AK 99811
(907) 465-4371

Alaska Division of Mental Health and Developmental Disabilities
Pouch H-04
Juneau, AK 99811
(907) 465-3370

Alaska Division of Public Health
Section of Communicable Disease Control
338 Denali St., Room 313
Anchorage, AK 99501
(907) 272-7534

Alaska Division of State Health Planning
Pouch H-01A
Juneau, AK 99811
(907) 465-3038

Northern Alaska Health Resources Association
529 5th Ave., Suite 8
Fairbanks, AK 99701
(907) 456-2553

South Central Health Planning and Development
1135 W. 8th Ave., Suite 1
Anchorage AK 99501
(907) 278-3631

Southeast Alaska Health Systems Agency
PO Box 7015
Ketchikan, AK 99901
(907) 225-9681

WAMI Medical Education Program
University of Alaska
Fairbanks, AK 99701
(907) 474-7731

ALASKAN HEALTH EDUCATION RESOURCES

Alaska Council on Prevention of Alcohol & Drug Abuse, Inc. 7521 Old Seward Highway, Suite A Anchorage, AK 99502 349-6602	Bibliography of Alaska developed materials in the prevention and education of alcohol and drug abuse
Alaska Council on Smoking or Health Box 3-3868 Anchorage, AK 99501 279-2834	Library on smoking cessation
Alaska Dept. of Education Learn/Alaska Network Pouch F Juneau, AK 99811 465-2800	Instructional television
Alaska Dept. of Education Talent Bank Pouch F Juneau, AK 99811 465-2814	Lists of individuals to contact for assistance on a variety of topics
Alaska Dept. of Education The Alaska Knowledge Base Pouch F Juneau, AK 99811 465-2814	Alaska resource people and service agencies, Alaskan curriculum materials, successful school programs both Alaskan and national, and commercial sources
Alaska Dept. of Fish and Game 1300 College Rd. Fairbanks, AK 99701 452-1531	Audiovisuals on Arctic survival, hunter safety, bear safety, and wildlife related communicable diseases
Alaska Dept. of Health and Social Services Health Education Office Pouch H06-H Juneau, AK 99811 465-3141	Free pamphlets and brochures on health topics, Alaskan Health & Safety Education & Media Directory, School Health Education - A Manual for Making it Happen
Alaska Dept. of Public Safety Division of Alaska State Troopers 1979 Peger Road Fairbanks, AK 99701 452-2114	Safety Bear Program
Alaska Department of Public Safety Fire Safety Coordinator 5333 Fairbanks St., Suite 11 Anchorage, AK 99502 272-2406	Films, pamphlets, posters, on fire prevention for all ages including 'Learn Not to Burn' curriculum
Alaska Health Sciences Library 3211 Providence Drive Anchorage, AK 99508 263-1870	Library on a comprehensive range of health topics; includes bibliographic searches

Alaska Native Commission on Alcoholism/Drug Abuse 750 East Fireweed Lane Box 4-2463 Anchorage, AK 99509 274-5531	Alcohol/drug education materials
Alaska Native Health Clinic Patient Education Services 1638 Cowles Fairbanks, AK 99701 452-2131	Health topics, pamphlets, audio-visual materials, other health education resources
Alaska Native Health Service Box 7-741 Anchorage, AK 99510 265-3319	Free loan library of health education films and videotapes
Alaska State Film Library Pouch G Juneau, AK 99811 465-2916	Broad range of health films for school/community use (for Southeast only)
Alaska State Film Library 650 International Airport Road Anchorage, AK 99502 274-6625	see above (for Southcentral & Northern Alaska only)
American Cancer Society 1343 G St. Anchorage, AK 99501 277-8696	Cancer prevention and education; smoking cessation materials
Central Peninsula Mental Health Center Box 247 Kenai, AK 99611 283-4185/7501	Media and educational programs aimed at wellness (in developmental stage)
Cook Inlet Native Association 1057 West Fireweed Lane Anchorage, AK 99503 278-4641	"Otto Otter for Safe Water" coloring books
Copper River Native Association Drawer H Copper Center, AK 99573 822-5241	Water safety program
Craig City Schools Box 202 Craig, AK 99921 826-3273	Boating safety curriculum
Emergency Medical Services Section Alaska Department of Health and Social Services Pouch H-06C Juneau, AK 99811 465-3027	Cold Water Winners Program: Basic accident prevention, survival and rescue techniques for cold water safety. Curriculum; (8-12 years)

Herbert Bischoff Box 10-1995 Anchorage, AK 99511 276-2230	Distributor of "HELP" -- Health Education Learning Packages
Kodiak Island Borough Schools Box 886 Kodiak, AK 99615 486-3131	Comprehensive health education, K-12 (now implementing in lower grades only)
Literacy Council of Alaska 528 Fifth Ave., Room 213 Fairbanks, AK 99701 456-6212 452-5742	Instructional pamphlets on health and safety for low-level readers
Mat-Su Borough School District Box AB Palmer, AK 99645 745-4822	Comprehensive health education, K-12 (implementing by adding years/grade levels gradually)
Maniilaq Association Box 256 Kotzebue, AK 99752 442-3313	Smoking cessation program
Northern Alaska Health Resources Association 529 Fifth Ave., Suite 8 Fairbanks, AK 99701 456-2553	Slide show, "School Health Education: Basics for Living"
North Pacific Rim 903 West Northern Lights Blvd. Anchorage, AK 99503 276-2121	Home disaster plans for fire and earthquakes
North Slope Borough Health and Social Services Agency Health Education Program Box 69 Barrow, AK 99723 852-4055	Process assistance; health and safety manuals
North Slope Borough School District Health Education Project Prevention Box 169 Barrow, AK 99723 852-4711	Comprehensive health education curriculum, K-12
Resource Center for Parents and Children 809 College Rd. Fairbanks, AK 99701 456-2867	Materials re: child abuse and sexual assault; teacher in-service assistance
RurAL CAP Drawer 412 ECB Anchorage, AK 99501 279-2511	Alcohol education materials

South Central Health Planning and Development 1135 West Eighth Ave., Suite 1 Anchorage, AK 99501 278-3631	Resource referral
Southeast Alaska Health Systems Agency Box 7015 Ketchikan, AK 99901 225-9681	Boating safety curriculum
Southeast Regional Resource Center 538 Willoughby Ave. Juneau, AK 99801 586-6806	"Reading, Writing and Smoked Salmon" nutrition curriculum
Staff Development and Training Center 400 Gambell St., Suite 304 Anchorage, AK 99502 274-7502	Materials for staff development and training on child abuse
Standing Together Against Rape 135 West Thirteenth Ave. Anchorage, AK 99501 274-0466	Film and workbook about sexual assault
Tanana Chiefs Conference, Inc. Health Education Services 1302 21st Ave. Fairbanks, AK 99701 452-2446	Information on alcohol, nutrition, venereal disease, smoking, dental health, family planning, first aid/CPR, accident prevention, general health education
Tanana Chiefs Mental Health 1302 21st Ave. Fairbanks, AK 99701 452-2446	Instructional comic book on fetal alcohol syndrome and alcohol/pregnancy
Toothkeeper Program 3487 Airport Way Fairbanks, AK 99701 479-2100	Dental health education, grades K-6 (can be used with older people)
University of Alaska Cooperative Extension Service Fairbanks, AK 99701 474-7254	Nutrition education materials
University of Alaska WAMI Medical Education Program Fairbanks, AK 99701 474-7080/7731	Teacher in-service and continuing education in health topics
Yukon-Kuskokwim Health Corporation Box 528 Bethel, AK 99559 543-3321	"Pups, Seals, and Bears" -- first aid and safety curriculum for grades K-6

REGIONAL HEALTH DIRECTORS

ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION, INC.
Director
1689 C St. - 2nd Floor
Anchorage, AK 99501
276-2700

BRISTOL BAY AREA HEALTH CORPORATION
Executive Director
PO Box 10235
Dillingham, AK 99576
842-5266

COOK INLET NATIVE ASSOCIATION
Health Department Manager
1057 W. Fireweed Lane
Anchorage, AK 99503
278-4641

COPPER RIVER HEALTH DEPARTMENT
Health Director
Drawer H
Copper Center, AK 99573
822-5241

KODIAK AREA NATIVE ASSOCIATION
Health Director
PO Box 172
Kodiak, AK 99615
487-5726

MANIILAQ ASSOCIATION
Health Director
PO Box 256
Kotzebue, AK 99752
442-3311/3312

NORTH PACIFIC RIM
Health Director
903 W. Northern Lights Blvd.
Anchorage, AK 99503
276-2121

NORTH SLOPE BOROUGH HEALTH AND SOCIAL SERVICES AGENCY
Executive Director
PO Box 69
Barrow, AK 99723
852-3999

REGIONAL HEALTH DIRECTORS

NORTON SOUND HEALTH CORPORATION
Executive Director
PO Box 966
Nome, AK 99762
443-5411

SOUTHEAST ALASKA REGIONAL HEALTH CORPORATION
Executive Director
PO Box 2800
Juneau, AK 99803
789-2131

TANANA CHIEFS CONFERENCE, INC.
Director of Regional Services
201 1st Ave. - Doyon Bldg.
Fairbanks, AK 99701
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YUKON - KUSKOKWIM HEALTH CORPORATION
Executive Director
PO Box 528
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543-3321

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